

SOUTH DAKOTA HMEP
PLANNING
GRANT APPLICATION PACKAGE

For more information or help applying, contact:
Nathan Solem at
South Dakota Office of Emergency Management
(605) 773-6424

Send Application to:

South Dakota Office of Emergency Management
Attention: Nathan Solem
118 West Capitol Avenue
Pierre, South Dakota 57501-2000

APPLICANT:

_____ COUNTY LEPC

CONTACT NAME: _____

LEPC Title: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (DAY): _____

EMAIL ADDRESS: _____

NON-SUBMISSION OF ANY ITEM MAY DELAY YOUR APPLICATION!

1. Does the above LEPC currently have a budget and method to distribute funds?
 - a. Yes _____ No _____
2. Is the LEPC active with quarterly meetings and by-laws which is necessary to qualify for this grant? _____ Yes _____ No
3. Descriptive title and description of applicant's planning project (Hazmat plan or commodity flow study):
4. The specific hazardous materials risk need (s) to be addressed by the planning project:
5. Explain (justify) the cost vs. the benefit of your project and why it should be funded.
6. Please outline the work plan with a time schedule, to include the goals and objectives of the project and any reports, plans, or other items to be generated by this project (attach extra pages if needed):

MEMO: Maximum reimbursement will be at the costs shown on the following budget page. A formal signed contract will be required pending approval of this application. Copies of receipts are required for all reimbursements. A signed verification of the applicants match is also required for reimbursement.

HMEP PLANNING GRANT PROPOSED BUDGET

Project Type: Hazmat Plan _____ Commodity Flow Study _____ Start Date: _____ End Date: _____

COUNTY: _____

Grant Request Amount (Line c below): _____

Budget Information Regarding Above Request

Breakdown costs of the project to each category

	\$	
LEPC Member Wages (Match – hard or soft) *		
LEPC Member Fringe Benefits (Match) *		
* Include only non-SLA time for Emergency Manager and other LEPC Members at estimated regular job rate		
Contractor Travel (Mileage) \$0.32 per mi **		
Contractor Meals (\$26.00 per diem)**		
Contractor Lodging (\$60.00 per night) **		
Contractor Cost for Work Performed **		
** Include paid contractor or paid LEPC members or other locals paid for their work on this project		
Equipment (possible match item)		
Supplies (copying costs, misc.) (possible match item)		
Other (Specify)		
Facility Fee (work space and equipment provided to contractor) (match item)		
Project Total Cost		a
LESS Match (Add all match items) 20 % of Line a minimum required		b
Grant Request Amount (a-b)		c

Name, Title and Signature of LEPC Authorized Person:

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____

TITLE: _____

I certify that all information given in this grant application is true and correct and that all funds distributed to the above applicant will be used solely for the project and purposes described in this grant application.